

Application Data Sheet**Application Information****Application number::** 10/797,584**Filing Date::** 03/09/04**Application Type::** Regular**Subject Matter::** Utility**Suggested classification::****Suggested Group Art Unit::****CD-ROM or CD-R??::****Number of CD disks::****Number of copies of CDs::****Sequence Submission::****Computer Readable Form (CRF)?::****Number of copies of CRF::****Title::**DEVICES AND METHODS FOR DETECTING
AND TREATING INADEQUATE TISSUE
PERFUSION**Attorney Docket Number::** 021628-001010US**Request for Early Publication::** No**Request for Non-Publication::** Yes**Suggested Drawing Figure::****Total Drawing Sheets::** 5**Small Entity?::** Yes**Latin name::****Variety denomination name::****Petition included?::** No**Petition Type::****Licensed US Govt. Agency::****Contract or Grant Numbers One::**

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Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: David
Middle Name:: G.
Family Name:: Benditt
Name Suffix::
City of Residence:: Edina
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 2 Circle West
City of Mailing Address:: Edina
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55436

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: P.
Family Name:: Brockway
Name Suffix::
City of Residence:: Shoreview
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 4339 Nancy Place
City of Mailing Address:: Shoreview

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State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: R.
Family Name:: Wilson
Name Suffix::
City of Residence:: Arden Hills
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 1276 Nancy Place
City of Mailing Address:: Arden Hills
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Assignee Information

Assignee Name:: Transoma Medical, Inc.
Street of mailing address:: 4211 Lexington Avenue, N. #2244
City of mailing address:: St. Paul.

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55126